

 <p>State of Palestine Central Bureau of Statistics</p>	<p>Socio-economic Monitoring of the Palestinian Households' Survey, 2018</p>	<p>Section 2 (A): The list of new family members resulting from the separation of one or more individuals from the original families (as in the 2015 cycle)</p>									
		<p>SP_ID00</p>	<p>SP_D1</p>	<p>SP01: name of new HH</p>	<p>Address</p>						
					<p>SP02 Governorate</p>	<p>SP03 locality</p>	<p>SP04 Enumeration area</p>	<p>SP05 Neighborhood</p>	<p>SP06 Street name</p>	<p>SP07 Building #</p>	<p>SP08 Mobile #</p>
					<p>□□□□□□</p>	<p>□□□</p>					

All information in this questionnaire is for pure statistical purposes only. It is considered confidential in accordance with the Public Statistics Law of 2000.

Section 1: identification information

IN1	Is the HH belongs to the 2015 sample?	1. Yes 2. Yes, but the HH changed moved somewhere else 3. No (new HH from separated members)	<input type="checkbox"/>
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ID00	HH serial number in sample	□□□□□□□□
ID1	Governorate code	□□
ID2	Locality code	□□□□□□□□

ID3	Enumeration area No.	□□□
ID4	Building on within enumeration area	□□□
ID5	No. of Housing unit within the building	□□□

ID06	HH serial number in the Enumeration area sample	□□
ID07	Location of housing unit with respect to the separation barrier/ARA 1. Less than 1000 m 2. 1000 m and more 3. inside separation barrier 4. Outside separation barrier	<input type="checkbox"/>

Section 2 (B): Quality Control

QC1	Enumerator Visits schedule
	Day Moth Year
1	□□ □□ □□
2	□□ □□ □□
3	□□ □□ □□
QC1 duration	Start time: □□:□□ End time: □□:□□

QC2	Interview Result	<input type="checkbox"/>
1	Completed	5 Refused/reason
2	Partially completed	6 No information available
3	Household is abroad	7 Address could not be found
4	Nobody is home	8 Other/specify.....

QC3	Household identifications information
1	Name of head
2	Landline □□□□□□□□□□
3	Mobile □□□□□□□□□□
QC4	Reference persons
1	Full name
2	Mobile □□□□□□□□□□

Number of Household Members		
QC5_T :Total number of household members □□	QC5_M :Male members 18 and above □□	QC5_F :Female members 18 and above □□

Number of HH members who left their original HH and formed new HH	
QC6_M :male members □□	QC6_F :female members □□

IR07	Field worker's name :	IR08	Field worker No. :	□□□□□□	□□/□□/□□□□□□Date
IR09	Supervisor's name	IR10	Supervisor's No.	□□□□□□	□□/□□/□□□□□□Date
IR11	Editor's name	IR12	Editor's no.	□□□□□□	□□/□□/□□□□□□Date
IR13	Encoder's name	IR14	Encoder's No.	□□□□□□	□□/□□/□□□□□□Date
IR15	Data entrée's name	IR16	Data entrée's No.	□□□□□□	□□/□□/□□□□□□Date

Section 3: Household Members Data (all members)

D1	D2	D2_A	D3	D4	D5	D6	D7	D9		
Member's serial number	Names of usual household members (four names) Please, tell me the names of all persons who usually live in your household, including small children and infants, and starting with the household head	Type of Residence (name...) with HH Permanent resident 1. in the residence/old 2. in the resident/new Absent 3. outside country for a limited period (any reason excluding studying) 4. Outside for education Exceptional residence 5. Exceptional (specify) Was a permanent resident 6. left to form a new HH/joined another hh 7. death/martyrdom 8. Immigration 9. other (specify) For separated members only 10. a member in the hh that is formed from a separated member form original HH (2015 round)	What is the relation of (name) to the household head? 1. Head of Household 2. Husband/wife 3. Son/daughter 4. Father/mother 5. Brother/sister 6. Grandfather/mother 7. Grandchild 8. Son wife/Daughter husband 9. Other relatives 10. Others	Sex 1. Male 2. Female	Age Compute age from birthday and record the answer in full years, record (00) if age is less than one year. (98) for 98+ (99) don't know	Refugee status 1. Registered Refugee 2. Unregistered Refugee 3. Not refugee	Does the member has health insurance 0. No insurance 1. PA only 2. UNRWA only 3. Private Sector 4. PA and UNRWA 5. PA and private 6. UNRWA and private 7. Israeli 8. other	Does the member suffer from any of the following chronic diseases, diagnosed by a doctor and currently following a medication plan for it: 1. Yes 2. No		
								A. Diabetes	B. High blood Pressure	C. Heart diseases
1.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer: Please check the box with X if an additional questionnaire has been used.

Section 1: Household Members Data (all members)

D1	D2	For all members										Member 3 years and more	Member 5 years and more	Members 10 years and more	
												D10	D11	D12	D12_01
		As a result to health condition, does (the name) have a difficulty in? 0. No 2. Yes, some 3. Yes allot 3. He is in capable Reason: 1. At birth/inherited 2. related to pregnancy/birth 3. Sickness 4. Miss-treated 5. old age 6. Work injury 7. Traffic accident 8. other accident 9. Israeli measures 10. War 11. stress 12 other										Is (name...) enrolled in educations? 1. Enrolled in kindergarten. Move to next member 2. Enrolled in education (post kindergarten) 3. Was enrolled and dropped out 4. Was enrolled and graduated 5. Never enrolled Move to D12	What is the number of schooling years that (the name) successfully achieved in formal education system.	What is (name)'s educational status? 1. illiterate 2. Reads and writes 3. Elementary 4. Preparatory 5. Secondary 6. Intermediate level diploma 7. Bachelor's degree BA 8. Higher diploma 9. Masters degree Ma 10. PHd	For individuals who answered D10, by choice (3) or (4) and answers to D12 less than 5, What of the following reasons forced (Name) to drop out from school? 1. Being injured as a result of Israeli measures 2. Israeli measures other than injury 3. Lack of feeling secure at school 4. Teachers absent 5. Unwilling to pursue education 6. Seek job to help family 7. Care after children/ older members of the household 8. Unable to focus and low attainment 9. Cannot afford school cost 10.Others/specify
vision		hearing		Movement and using hands		Focus and memory		Communication							
difficulty	reason	difficulty	reason	difficulty	reason	difficulty	reason	difficulty	reason						
D9-1a	D9-2a	D9-1b	D9-2b	D9-1c	D9-2c	D9-1d	D9-2d	D9-1e	D9-2e						
1												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14												<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Section 1: Household Members Data

D1 Member series number	D2 Full name (four names)	For individuals 7 years and above								
		D13 (Name...) relation to labor force during the past week 1. Working 1-14 hours 2. Working 15-34 hours 3. Working 35- 45 hours 4. Working 46 hours or more 5. (not working and looking for a job – worked before) Looked for a job in the past four weeks 6. not working and looking for a job – did not work before) Looked for a job in the past four weeks Is not working and does not want to work, reasons: 7. Full time studying/ training 8. Full time housework 9. Disability/ age/ illness 10. Availability of income 11. Retirement 12. Other specify..... If answers were choices 6-12, move to D22	D13_1 On which date did, (the name) have his first job opportunity.		D14 What is the employment status of (the name)? 1. Employer 2. Self employed 3. Wage laborer 4. Unpaid family member	D15 What is the place of work of (the name) 1. in the housing unit 2. within the same locality 3. within the same governorate 4. in another governorate 5 in Israel 6. in Settlements 7. Abroad	D16 What is the current main/previous occupation of (the name)? Please describe in details:	D17 What is the currents /previous economic activity in which (the name) works? Please describe in details:	D18 What is the sector of work of (the name)? 1. Private national inside EST. 2. Private national outside EST. 3. Private Foreign inside EST. 4. Private Foreign outside EST. 5. National government 6. Local authority 7. Foreign government 8. Charitable association 9. Cooperation association 10. UNRWA 11. International organization	D18_1 What is the actual total number of hours that (the name) worked during last week (for those who answered from 1-4 on question D13)
			Month	Year						
1		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Section 1: Household Members Data

D1	D2	members 7 years and above				members 14 years and above						
		D18_02			D19	D20	D22	D22_01	D22_02	D22_03		
		Unit	Value	Currency	Does (the name) have a secondary job/other jobs? 1. Yes 2. No	If didn't work please insert 00	What is the marital status of (the name) 1. never married (move to the next member) 2. Engaged for the first time and not married yet(move to the next member) 3. Married 4. Divorced 5. Widow/widower 6. separated	What was the age of (the name) at first marriage Answer in full years	What is the relation of the name to the Husband/Wife 1. Cousin (siblings of Fathers brothers) 2. Cousin (siblings of Fathers Sisters) 3. Cousin (siblings of mothers brothers) 4. Cousin (siblings of Mothers Sisters) 5. Cousin (siblings of fathers brother and mothers sister marriage or vice versa) 6. same family 7. no relationship	What is the usual residence for the (name) wife/husband before marriage 1. within the same locality 2 other locality in the same governorate 3. other governorate 4. abroad 5. 1948 occupied territory	Answer	Write governorate name if answer is (3) only
1		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="text"/>
2		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
3		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
4		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
5		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
6		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
7		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
8		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
9		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
10		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
11		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
12		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
13		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>
14		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>

Section 4: Housing Character Statistics

H1	What kind of housing unit does the family live in?	1. Villa 2. House 3. Apartment 4. Independent room 5. Tent 6. Marginal/ caravan/ barracks 7. Other / specify:	<input type="checkbox"/>
H2	Type of tenure	1. Owned 2. Owned by loan still under payment /Mortgage 3 . Rented unfurnished 4. Rented furnished 4. For free 4. Free of work 7. Other / specify:	<input type="checkbox"/>
H3	1. What is the monthly rental value of this housing unit (asked for those who answered 3 or 4 on question H2.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2.Currency	1.NIS 2.JD 3.US\$	<input type="checkbox"/>
H4	1. If you were to reside in a similar housing unit, what would be the estimated rental monthly value?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2.Currency	1.NIS 2.JD 3.US\$	<input type="checkbox"/>
H6	Main building material for external walls	1. Clean stones 2. Cement & stones 3. Old stones 4. Bricks 5. Cement 6. other	<input type="checkbox"/>
H6_1	Main building material for ceiling	1. Cement/steal 2.Metal 3. Wood 4. Cement Fibers 5. Straw/palm leaves 6. Other/specify:	<input type="checkbox"/>
H7	Current housing unit usage status	1. Residence only 2. residence and work	<input type="checkbox"/>
H8	What is the total number of rooms in the housing unit? (excluding kitchen, bathroom and rooms used for work only)		<input type="checkbox"/> <input type="checkbox"/>
H9	What is the total number of only bedrooms in the housing unit?		<input type="checkbox"/> <input type="checkbox"/>

H12	Connection of the dwelling housing unit to public networks (the main source for these services)		
	1. Water	<input type="checkbox"/>	1. Local Public Network 2.Isreali Network 3.Collected rain-water wells 4.Spring 5.Tanks 6. ground Well 7.Other\Specify
	2. Electricity	<input type="checkbox"/>	1. Public Network 2.private generator 3. Private network 4. Solar units 5.Other\Specify..... 6. None
	3. Sewage system	<input type="checkbox"/>	1. Public network 2.Porous Cesspit 3.Tight cesspit 4.None 5. Other specify.....

H13	Is there any cuts in service provision from public networks (for dwellings connected to public networks)			
	1. Water	1. No, the service is continuously provided 2. The interruption happens once a month 3. The interruption happens once a week 4. The interruption happens more than once a week 5. The interruption happens daily 6. Network is not functional 7. Other/....		<input type="checkbox"/>
	2. Electricity	1. No, the service is continuously provided 2. The interruption happens once a month 3. The interruption happens once a week 4. The interruption happens more than once a week 5. The interruption happens daily 6. Network is not functional 7. Other/....		<input type="checkbox"/>
H13_A	In case the service is interrupted (for residence connected to publics networks), how do the HH cope with that? (main alternative source)			
	1. Water	1. Purchased water in tanks 2. Bottled water 3. Water transport from public tab water 4. Water transport from a spring/ground water well 5. Collected rainwater 6. Treated wastewater 7. Stored water from public network 8.other:.....		<input type="checkbox"/>
	2. Electricity	1. Buying a private generator 2.connect to a private network 3.using alternative energy sources (solar/wind) 4. UPS 5.WIFI battery 6.Other 7. Wax 8. There is no alternative 9. Batteries /networks LED 11. Charger 12. Torch 13. Normal Dry Batteries 14. Scout / Lantern 15. More than one way		<input type="checkbox"/>

H13-1	What is the main source of drinking water for the HH members (1:yes 2:No)				
1.	Public water network connection	<input type="checkbox"/>	5.	Water tanker	<input type="checkbox"/>
2.	Protected ground well/spring	<input type="checkbox"/>	6.	Bottled water	<input type="checkbox"/>
3.	Unprotected ground well/spring	<input type="checkbox"/>	7.	Public tab water	<input type="checkbox"/>
4.	Rain water	<input type="checkbox"/>	8.	Other: specify	<input type="checkbox"/>

H13-2a	Does the household do any treatment for the water to make it more safe for drinking	1. Yes 2. No 9. Don't know If the answer 2 or 3 move to H14	<input type="checkbox"/>
H13-2b	What is it that the HH do to make the water safer to drink?	1. Boiling 2. Adding bleach 3. straining using cloth 4. Using filters 5. Left to settle 6. other:..... 9. don't know	

Does the housing unit include?			
H14	Kitchen	1. Kitchen with Piped Water 2. Kitchen without Piped Water 3. No Kitchen	<input type="checkbox"/>
H15	Bathroom	1. Bathroom with Piped Water 2. Bathroom without Piped Water 3. No Bathroom	<input type="checkbox"/>
H16	toilet	1. Toilet with Piped Water 2. Toilet without Piped Water 3. Toilet connected to Tight 4. Toilet connected to open Sewage 5. No Toilet....move to h17 6. other	<input type="checkbox"/>
H16_1	Does anyone else share the bathroom with the household	1. Yes 2. No	<input type="checkbox"/>
H17	What is the type/source of internet connection in the housing unit? 1. Yes 2. No	1. DSL from Palestine communication company	<input type="checkbox"/>
		2. A WIFI or similar connection from one of the Palestinian companies	<input type="checkbox"/>
		3. 3G internet connection from Jawwal or Wataniya	<input type="checkbox"/>
		4. 3G/4G connection from Israeli cellular company	<input type="checkbox"/>
		5. connection from the neighbors	<input type="checkbox"/>
		6. USB	<input type="checkbox"/>
H18	What is the main source of energy for		
	1. Cooking	1. Gas 2. Kerosene 3. Electricity 4. Wood 5. Other (specify).....	<input type="checkbox"/>
	2. Heating	0. No heat 1. gas 2. Kerosene 3. Electricity 4. Wood 5. diesel 6. Cool 7. Other (specify).....	<input type="checkbox"/>
	4. Baking	0. No baking 1. Gas 2. Electricity 3. Wood 4. Olive cake 5. Other (specify).....	<input type="checkbox"/>
	5. Water heating	1. Solar heater 2. gas 3. Kerosene 4. Electricity 5. Wood 6. Cool 7. Diesel 8. Other (specify).....	<input type="checkbox"/>
H19	How does your household mainly dispose of its garbage?	1. Collected by sanitation worker 2. Thrown in nearby garbage container 3. Thrown randomly 4. Thrown into the garbage dump 5. Burned 6. Used for some purposes 7. Other\Specify	

H22	How many of the following durables are available to the household (register (0) when non)	1. Private car	<input type="checkbox"/>	9. Dishwasher	<input type="checkbox"/>	17. Central heating	<input type="checkbox"/>	25. laptop	<input type="checkbox"/>
		2. Gas /electric Stove over	<input type="checkbox"/>	10. Water filter	<input type="checkbox"/>	18.Landline	<input type="checkbox"/>	26. Smart phone	<input type="checkbox"/>
		3. Electric fridge	<input type="checkbox"/>	11. TV LED/LCD	<input type="checkbox"/>	19. Home library	<input type="checkbox"/>	27. IPAD/Tablet	<input type="checkbox"/>
		4. Freezer	<input type="checkbox"/>	12. Regular TV	<input type="checkbox"/>	20. local internet connection	<input type="checkbox"/>	28. WIFI Battery	<input type="checkbox"/>
		5. Vacuum cleaner	<input type="checkbox"/>	13. Satellite dish	<input type="checkbox"/>	21. Israeli internet connection	<input type="checkbox"/>	29. UPS	<input type="checkbox"/>
		6. Microwave	<input type="checkbox"/>	14. Electric Fan	<input type="checkbox"/>	22. local mobile phone	<input type="checkbox"/>	30. electric generator	<input type="checkbox"/>
		7. Washing machine	<input type="checkbox"/>	15. Air condition unit	<input type="checkbox"/>	23. Israeli mobile phone	<input type="checkbox"/>	31. solar panel	<input type="checkbox"/>
		8. Dryer	<input type="checkbox"/>	16. Central air conditioning	<input type="checkbox"/>	24. Computer	<input type="checkbox"/>	32. Solar heater	<input type="checkbox"/>
						33. Video/DVD	<input type="checkbox"/>		

H23_A	The HH reside is (for Gaza HHs only)	1. In its original residence pre 2014 war 2. In its original residence pre 2014 war which is partially damaged and being rehabilitated 3. In its original residence pre 2014 war which was totally damaged and being rehabilitated 4. In its original residence pre 2014 war which is partially damaged and is not being rehabilitated 5. In its original residence pre 2014 war which was totally damaged and is not being rehabilitated 6. in a new residence replacing the original one 7. in a new residence 8. Other/ specify:.....	<input type="checkbox"/>
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	H26_1	H26_2	H26_3
The reason	Does any of the following represent a serious problem around your residence 1. No (move to next row) 2. yes (continue to H26_2 and H26_3)	What are the time were this problem appears mostly 1. 6 morning to 11.59 before noon 2. 12 noon – 7.59 evening 3. 8.3 evening – 5.59 morning 4. no specific time	What is the main cause producing this type of pollution
1. Noise	<input type="checkbox"/>	<input type="checkbox"/>	1. Traffic 2. Airplanes 3.quarries and stone cutting 4. Construction work 5.industrial activities 6.other / specify 7. Commercial activities 8. School / Nursery 9. Electrical generator/ water motor 10. More than one source 11. Population density
2. Smell	<input type="checkbox"/>	<input type="checkbox"/>	1. Waste water 2. Garbage dump 3.public restrooms 4. Transport 5. Agricultural waste 6. Industrial activities 7.Other / specify ... 8. Commercial activities

3. Dust	<input type="checkbox"/>	<input type="checkbox"/>	1. Unpaved roads 2. Quarries and stone cutting 3. Construction 4. Industrial activities 5. Other/ specify... 6. traffic movement	<input type="checkbox"/>
4. Smoke	<input type="checkbox"/>	<input type="checkbox"/>	1. Industrial activities 2. Burning waste 3. Transport 4. Construction work 5. Other/ specify... 6. Smoke from neighbors 7. Electrical generator	<input type="checkbox"/>

Section 5: Assistance and coping strategies

C01	During the first half of 2018, did the HH or any member of HH received any type of assistance? 1.yes 2. No....move to C04					<input type="checkbox"/>	
C02	A. Type of assistance	B. Value of assistance	C. Source of assistance	D. Nature of assistance	E. satisfaction on assistance	F. Reason for dissatisfaction on assistance	
	1. Food 2. Free medicine\ health treatment 3. Clothes 4. Job opportunities 5. Compensation martyrs/injuries 6. Cash 7. Health insurance 8. food parcels/coupons 9. Vouchers 10. School feeding 11. Product inputs (seeds, fertilizer, ...) 12. Drinking water 13. electric recharge fees 14. residential (shelter, rental fees, caravans) 15. Other/Specify...	Value: is the total amount received in all times for the same type of support and same source in NIS)	1. Ministry of Social Development 2. Other PA agencies 3. Political parties 4. Zakat 5. International /developmental agencies 6. UNRWA 7. Foreign and Arab countries 8. Charities/religious orgs. 9. Relatives/Family members 10. Friends/neighbors/charitable people etc. 11. trade/workers unions 12. National banks 13. local reconciliation Committee 14. Other/.....	1.Periodic 2.emergency	1. <i>Strongly Satisfied</i> 2. <i>Satisfied</i> 3. <i>Not satisfied</i> 4. <i>Strongly Not satisfied</i> 9. Don't know/No answer If answer=1, 2, or 9 skip to the next line.	Main reason for dissatisfaction 1.because of quantity 2.because of quality 3.because of quantity and quality 4.frequency of receiving assistance 5.other 9. Don't know/No answer	
	1.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C04	Asked for HH who did not receive any assistance during the first half of 2018. According to your opinion, what is the main reason of not receiving the assistance?	1. we have not applied for assistance/didn't ask for it				<input type="checkbox"/>	
		2. We applied and didn't get any due to living in remote area					
		3. We applied and didn't get any due to living in rich area					
		4. We applied and didn't get any due to a political reason					
		5. We applied and didn't get any due to not meeting the criteria					
		6. We applied and didn't get any due to lack of funding					
		7. We applied and didn't get any due to employment of hh member					
		8. We applied and didn't get any we don't know why					
		9. Other:.....					
C05	Regardless if your HH received assistance or not, would you say that your HH is in need of assistance	1. Yes, a lot 2. Yes, somewhat 3. No, we do not need assistance.----->C07			<input type="checkbox"/>		
C06	Regardless if your HH received assistance or not, what type of assistance do the HH is in need 1. Yes 2. No	1. Cash	<input type="checkbox"/>	6. Provisions for orphans	<input type="checkbox"/>	11. Training	<input type="checkbox"/>
		2. Food	<input type="checkbox"/>	7. Social interventions with family	<input type="checkbox"/>	12. project Assistance	<input type="checkbox"/>
		3. Health Insurance	<input type="checkbox"/>	8. Exemption of school fees	<input type="checkbox"/>	13. Exemption of customs	<input type="checkbox"/>
		4. Provision for disabled	<input type="checkbox"/>	9. Emergency assistance	<input type="checkbox"/>	14. Housing assistance	<input type="checkbox"/>
		5. Provision for elderly	<input type="checkbox"/>	10. Job opportunity	<input type="checkbox"/>	15. Other	<input type="checkbox"/>
C07	Regardless if your HH received assistance or not, in general, to what extent that assistance programs is targeted the needy in your community	1. Assistance is primarily reaches the needy				<input type="checkbox"/>	
		2. Assistance primarily targets the needy, but often others who do not need such assistance also receive it					
		3. In general, assistance is distributed without any distinction between the needy and none needy					
		9. Don't know/No answer					
C08	During the past 30 days, how many times have your household experienced the following (0:none, 1: once or twice, 2: 3 to 10 times, 3: more than 10 times, 9 don't know/no answer						
	1. Did you worry that your household would not have enough food?	<input type="checkbox"/>	6. Did you or any other household member eat fewer meals in a day because there was not enough food?	<input type="checkbox"/>			
	2. Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	<input type="checkbox"/>	7. Was there ever no food at all in your household because there were not resources to get more?	<input type="checkbox"/>			
	3. Did you or any household member eat a limited variety of foods due to a lack of resources?	<input type="checkbox"/>	8. Did you or any household member go to sleep at night hungry because there was not enough food?	<input type="checkbox"/>			
	4. Did you or any household member eat food that you preferred not to eat because of a lack of resources to obtain other types of food?	<input type="checkbox"/>	9. Did you or any household member go a whole day and night without eating anything because there was not enough food?	<input type="checkbox"/>			
	5. Did you or any household member eat a smaller meal than you felt you needed because there was not enough food?	<input type="checkbox"/>					
C10_1	Did the household get any loan during the past 6 months	1. Yes, I know the value 2. yes, but I don't know the vale 3.no 9. I don't know 4.no answer (if the answer is 2,3,4,9 move to the next source)		What is the value of the each of the loans in NIS			
	1. Loans and advances from government	<input type="checkbox"/>		□□□□□			
	2. Loans from commercial banks	<input type="checkbox"/>		□□□□□□			
	3. Loans from specialized institutions	<input type="checkbox"/>		□□□□□			
	4. Loans and advances from individual (friends/family/ select	<input type="checkbox"/>		□□□□□			
	5. loans from other sources:.....	<input type="checkbox"/>		□□□□□			
C11	Was the loans money used to spend on any of the following	1.yes 2. No 9. Don't know					
	1. Living or food	<input type="checkbox"/>	5. Teach a family member	<input type="checkbox"/>			
	2. Construction / expansion of housing / maintenance	<input type="checkbox"/>	6. Buy / expand Real Estate	<input type="checkbox"/>			
	3. Marriage of a family member	<input type="checkbox"/>	7. Buy a car	<input type="checkbox"/>			
	4. Purchase of furniture or equipment	<input type="checkbox"/>	8. Other	<input type="checkbox"/>			
C12_1	During the first half of 2018, did you or any of your HH members witness any of the following? 1. Yes 2. No	1. shortage of water				<input type="checkbox"/>	
		2. assets/project (including land) loss/damage resulting from Israeli aggression				<input type="checkbox"/>	
		3. assets/project (including land) loss/damage resulting from other reasons				<input type="checkbox"/>	
		4. restrictions to access to land				<input type="checkbox"/>	
		5. Inability to pay back a loan/debt				<input type="checkbox"/>	
		6. Loss of all or total wages/salaries				<input type="checkbox"/>	
		7. death of bread winner				<input type="checkbox"/>	
		8. Crop damage				<input type="checkbox"/>	
		9. serious sickness				<input type="checkbox"/>	

		10. delay in getting paid a salary	<input type="checkbox"/>
		11. loss of a source of aid/assistance	<input type="checkbox"/>
		12. in ability to renew work permit	<input type="checkbox"/>
		13 in ability to attend for health treatment due to lack f medication	<input type="checkbox"/>
		14. inability to pay for medication	<input type="checkbox"/>
		15.inability to leave the country for educational reasons	<input type="checkbox"/>
		16.inability to leave the country for medical treatment reasons	<input type="checkbox"/>
		17.inability to leave the country for other reasons	<input type="checkbox"/>
		18. exposure of any hh member to detention, injury or any other Israeli measure	<input type="checkbox"/>
C12_2	What are the top main three event/shocks that have affected your HH (record the code from the previous list)	First <input type="checkbox"/> <input type="checkbox"/>	Second <input type="checkbox"/> <input type="checkbox"/> Third <input type="checkbox"/> <input type="checkbox"/>
C13	During the last 30 days, when the household did not have enough food or money to buy the food, did the hh members do any of the following?	A. Answer 1.Yes 2.No 8.Not applicable 9.Don't know (2,8,9 skip to next line)	B. Number of times
			C. Is the possibility of future use still exist 1.Yes 2.No
	1. Not pay bills/utilities	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	2. Sell off assets jewelry, furniture, productive assets, etc.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	3. Used life savings	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	4. Sell off productive assets (sewing machine, vehicles, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	5. re-organize the HH members to save money (live or eat together)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	6. Reduce HH expenditures on health, education, and clothing.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	7. Resorting to agriculture (planting, animal husbandry, fishing)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	8. looking for secondary job	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	9. taking children out of school	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	10. reducing production costs for example cut on fertilizers etc.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	11. Selling remaining productive assets such as female goats etc	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	12. Selling land or housing	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	13. Buy food on credit, borrow food	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	14. Borrow money	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	15. Send children to eat somewhere else, eating in groups	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C14	Make sure to repeat the following when asking about the coping strategies adopted during the past 7 days: During the last 7 days, when the household did not have enough food or money to buy the food, how many times did you		Number of times during the past 7 days (0-7)
1.	Reduced the number of meals for all household members per day		
2.	Reduced the quantity of meals eaten by adults in favor of children		<input type="checkbox"/>
3.	Purchased low quality markets "Leftover"		<input type="checkbox"/>
4.	Reduced portion of food for adults in favor of children's		<input type="checkbox"/>
5.	borrow food or rely on help from family and friends		<input type="checkbox"/>
6.	Refrain from consuming expensive and resort to alternatives (buying cheaper kind of food)		<input type="checkbox"/>

Section 6: consumption

Consumption includes the following items: own produces food, own produced nonfood including imputed rent in case of owning residence, embroidery, etc. provide cash value in NIS

E704	What is the average HH monthly expenditure on food (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_1	What is the average HH monthly expenditure on clothing and shoes (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_2	What is the average HH monthly expenditure on housing (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_3	What is the average HH monthly expenditure on home appliances (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_4	What is the average HH monthly expenditure on house needs (cleaning materials etc. (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_5	What is the average HH monthly expenditure on health care (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_6	What is the average HH monthly expenditure on transportation (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_7	What is the average HH monthly expenditure on communication (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_8	What is the average HH monthly expenditure on cultural and recreational activities (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_9	What is the average HH monthly expenditure on personal care (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_10	What is the average HH monthly expenditure on cigarettes and tobacco (NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_11	What is the average HH annual expenditure on education (NIS) during 2017	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

E704_12	What is the average HH annual expenditure on durable goods (NIS) during 2017	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_13	What is the average HH annual expenditure on furniture (NIS) during 2017	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E704_14	What is the average HH expenditure over the past 3 years on vehicles (NIS)	
E704_15	What is the average HH monthly expenditure on electricity including bells, fuels, repairs, etc.(NIS) during first half of 2018	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E703	What is the average HH total monthly expenditures during the first half of 2018 (NIS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 7: Dietary Diversity and Coping with food access

during the past week, how many days did the household consume the following food groups and what was the main source for these items:			
E801	Food Group	a. Number of days consumed (regardless of the number of times per day. If not consumed insert 0)	b. Main source 1. Food coupons 2. Purchased 3. own produced 4. barter 5.gifts 6. in kind food aid 7. buying on credit 8 borrowed from relatives, neighbors 9. other:.....
1.	Starches and tubers (rice, pastries, wheat flour, barley, potatoes, wheat bread, Freekeh, bourghul)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Legumes (lintels, chickpeas, fava beans, green peas)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Fish (dried, canned, fresh)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Eggs	<input type="checkbox"/>	<input type="checkbox"/>
5.	Red meat (beef, sheep, etc)	<input type="checkbox"/>	<input type="checkbox"/>
6.	White meat (poultry)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Liver, kidney, and other	<input type="checkbox"/>	<input type="checkbox"/>
8.	Dairy products	<input type="checkbox"/>	<input type="checkbox"/>
9.	Oils and fats	<input type="checkbox"/>	<input type="checkbox"/>
10.	Vitamin A rich fruits (melons, mango, papaya, apricots etc.)	<input type="checkbox"/>	<input type="checkbox"/>
11.	Other fruits (orange, apples, bananas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
12.	Vegetables (orange colored)	<input type="checkbox"/>	<input type="checkbox"/>
13.	Green leafy vegetables	<input type="checkbox"/>	<input type="checkbox"/>
14.	Other vegetables (onions, tomatoes, radish)	<input type="checkbox"/>	<input type="checkbox"/>
15.	Sugar, jams, honey and sweetened drinks	<input type="checkbox"/>	<input type="checkbox"/>
16.	Others (coffee, tea, condiments)	<input type="checkbox"/>	<input type="checkbox"/>

Section 8: Income

I01	The main breadwinner in this household is	1.Male 2.Female	<input type="checkbox"/>
I04	Total amount of money that a household need to satisfy its basic needs (necessities)	The interviewee should provide an estimate. If impossible to get an estimate insert -.	In NIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I04_1	In general do you consider your HH	1. Wealthy 2.middle 3. Poor 4.very poor	<input type="checkbox"/>
I05	How long could the HH keep up financially in the future if situation to remain the same	1.For as long as it takes 2.For about one year 3.For only few months 4. We hardly could manage 5.HH situation is serious and does not have enough to live 9. don't know/no answer	<input type="checkbox"/>

I06	During the past 12 months: What of following sources is of the household sources of income (multiple choice)	1. Yes 2. No	What is the average monthly income from each of these sources (NIS)
1	Agriculture, fisheries and animal husbandry	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Non agriculture family business	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3	Wages and salaries from the public sector	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Wages and salaries from the private sector	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Wages and salaries from Israel labor market	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	Transfers from within WBGs (including retirement)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7	Transfers from abroad	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8	International agencies (aid)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	Social assistance	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

10	Wages and salaries from international agencies	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	National insurance (Jerusalem)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	Property income	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	Other:.....	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I06_01	Of the sources selected above, what is the main source of income (insert the number of the choice?)		<input type="checkbox"/> <input type="checkbox"/>

Section 9: household's income generating projects

AG01	During the past 12 months, did the hh or any of its members practiced any privately owned agricultural activity	1. yes 2.No (move to AG07)	<input type="checkbox"/>		
AG02	Area of land planted during The Last Twelve Months (in Dunums)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
What type of agriculture?					
AG3_1	Protected vegetable (greenhouses)	1.yes 2.no	<input type="checkbox"/>		
AG3_2	Irrigated open field	1.yes 2.no	<input type="checkbox"/>		
AG3_3	Rain fed open field	1.yes 2.no	<input type="checkbox"/>		
AG04	If the land was owned by the HH of any of its members, how would you estimate the value of each dunum (in JD)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AG05	What is the value in NIS of the production during 2017	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AG06	What is the value in NIS of the production that was consumed within the HH of the total production during 2017	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
AG07	During the last twelve months have the hh or one of its members practiced animal husbandry?	1.yes 2.no..move to EQ01	<input type="checkbox"/>		
	Type	Number as in 26/8/2018	Revenues during the last twelve months	Value of self-consumed during the last twelve months	If you are to sell this holding what would be the estimated cost
		A	B	C	D
AG08	1.Cows	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
AG09	2. Goats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
AG10	3. Sheep	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
AG11	4. Poultry	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
AG12	5. Camels	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
AG13	6. Beehives	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
AG14	7.Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

EQ01	During the past twelve months, did the hh or any of the hh members worked in non-agricultural private family business? 1.Yes 2.No move to EQ09	<input type="checkbox"/>
EQ02	In which economic sector can this project be classified 1. Mining quarrying 2.Manufacturing 3. Construction 4. Commerce 5. Transport and storage 6. Hotels and restaurants 7. Information and communication 8. Insurance and financial services 9.Real estate services 10. Education 11. Personal care 12.cultural recreational 13. Other:.....	<input type="checkbox"/>
EQ03	Where is the project located 1. In the residence/ housing unit 2. Within the same locality 3. Within same governorate 4. In another governorate 5. Abroad 6. Other:	<input type="checkbox"/>
EQ04	What is the income in NIS generated by the project during the past year	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EQ05	What is the overall value of the projects production and other assets (other than land in NIS)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EQ06	What is the value of project land (apart from the agricultural land reported above) in NIS?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EQ07	What is the value of the office space, storage, or any other building used for the project in NIS?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EQ08	What is the value of the vehicles used for the project in NIS?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
What is on average the revenues generated during the past 12 months from:		
EQ09	Selling property, land and other (NIS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EQ10	Selling durable HH goods	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EQ11	Selling other assets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Did the HH or any of it members received money from any of the following		

EQ12	Inheritance (NIS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EQ13	Gifts from individuals (NIS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EQ14	Other (NIS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Section 10: Mobility and Access to Basic Services

T1	To what extent would you say that in general movement restrictions represented an obstacle to you /your family during the first half of 2018? 1. Very Much 2. Minor 3. Not an obstacle 9. Don't know					<input type="checkbox"/>
T2	During the first half of 2018 did you or any HH member face difficulty in accessing the following:	A. difficulties	B. Reasons of difficulties 1.Yes 2.No			
		1. No difficulty 2. Minor difficulty 3. Big difficulty 8. Not applicable 9. Don't know (1.8.9 move to the next)	1. Access Restrictions related (crossing, check point, no go zone etc)	2. Cost related reasons	3. Bombing and military operations	4. other reasons:.....
	1. work place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. plant your land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. school or collage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. health facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Inside the seam zone 6. Inside the separation barrier	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	7. outside the seam zone 8. outside the separation barrier	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

T3	How far is your residence from each of the following? What is the most frequent used transportation mean and the duration of the trip				
	Type Of Service	1.distance	2.Mean of transport	3.Duration of trip	Distance: 1. 500 m and less 2. 501m to 3000 m 3. more than 3000 m Frequent mean of transport 1. walking 2. private car 3. Public transport 4. taxi 5. Other:.....
	1. public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	2. Closest private clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	3. Public health center (maternal health center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	4. private or public hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	5. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	6. Closest primary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	7. Closest secondary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	8. Closest center to buy food/ food market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Closest commercial center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Individuals Survey 18 years and above: questions on reality of suffering and quality of life

Mechanism for selection among household members

Table (1): census and order of household members according to the required age group (18 years and above)

Enumerate family members of the required age group (18 years and above)

Members name	Age	Order	Selection

Instructions to researcher:

1. Organize male/ female members according to the required age group starting with the most senior to the youngest
2. Use the household random number table according to the serial survey number in the enumeration zone in Table (2)
3. Select the male/ female requested. Crossing of column No of household members of the age group 18 and above and the class assigned to every code of the random class from selection table for individual from family Table 3

Table (2) random household symbol according to the survey serial number

Household random code	Serial number of survey in enumeration zone	Random household code	Survey serial number in enumeration zone
A	14	A	1
B1	15	A	2
B2	16	B1	3
C	17	B2	4
C	18	C	5
D	19	C	6
D	20	D	7
E1	21	D	8
E2	22	E1	9
F	23	E2	10
F	24	F	11
A	25	F	12
		A	13

Table (3) Table of selection of household member

Random household code	If number of male/ female members above 18 years					
	1	2	3	4	5	6 or more
	Select member whose order is:					
A	1	1	1	1	1	1
B1	1	1	1	1	2	2
B2	1	1	1	2	2	2
C	1	1	2	2	3	3
D	1	1	2	3	4	4
E1	1	1	3	3	3	5
E2	1	1	3	4	5	5

F	1	1	3	4	5	6
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Individual's survey 18 years and above on suffering and quality of life

GA1	Individual's name as appeared in D02				
GA2	Individual's line no D01	□□			
GA3	Outcome of individual's interview	1. completed. 2. Partially completed. 3. Unable to meet with the person 4. Refused (reason.....) 5. Other/ specify.....			□
		Choices	Six months pre 2014 aggression	During 2014 aggression	Currently
GA4	In general, how do you describe your health condition?	1.Very bad 2. Bad 3. Neither bad nor good. 4. Good 5. Very good	□	□	□
GA5	To what extent are you satisfied with your life?	1. not satisfied at all 2. Dissatisfied 3. Somewhere in between 4. Satisfied 5.very satisfied	□	□	□
GA6	To what extent are you satisfied with your health?	1. not satisfied at all 2. Dissatisfied 3. Somewhere in between 4. Satisfied 5.very satisfied	□	□	□
Welfare Index (answer these questions will be during the past two weeks)					

GA7	Can you focus on your work as usual?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	□
GA8	Do you find it difficult to sleep because you are nervous or preoccupied?	1. No never. 2. Not more than usual. 3. More than usual 4. Much more than usual	□
GA9	Do you feel you are playing a useful role toward the people around you?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	□
GA10	Can you make decisions as usual?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse than usual	□
GA11	Do you feel under continuous pressure?	1. No never. 2. Not more than usual 3. More than usual 4. Much more than usual	□
GA12	Do you feel capable of overcoming your problems?	1. No never. 2. Not more than usual 3. More than usual 4. Much more than usual	□
GA13	Are you happy and satisfied with your accomplishment at work?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse more than usual	□
GA14	Do you feel able to face your problems?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse more than usual	□
GA15	Do you feel sad and that there is no way out?	1. No never 2. Not more than usual. 3. More than usual. 4.much more than usual	□
GA16	Have you lost your self-confidence?	1. No never. 2. Not more than usual. 3. More than usual. 4. Much more than usual	□
GA17	Do you see yourself as a useless person?	1. No never. 2. Not more than usual. 3. More than usual. 4. Much more than usual	□
GA18	Are you able to feel happy notwithstanding the surrounding circumstances?	1. better than usual 2. No difference (as usual) 3. Worse than usual 4. Much worse more than usual	□

Quality of life (answers to these questions cover the previous two weeks)

1. Never 2. A little 3. Moderately 4. Very much 5. An extreme amount

GA 19	Do you suffer physical pain?	<input type="checkbox"/>	
GA20	To what extent do your family fear for your personal safety?	<input type="checkbox"/>	
GA21	To what extent are you able to receive medical treatment when you need it?	<input type="checkbox"/>	
GA22	To what extent do you feel physical safety in your daily life?	<input type="checkbox"/>	
GA23	To what extent do you feel psychological safety in your daily life?	<input type="checkbox"/>	
GA24	To what extent do you fear for yourself in your daily life?	<input type="checkbox"/>	
GA25	To what extent do you fear for your family in your daily life?	<input type="checkbox"/>	
GA26	To what extent do you feel worry/ fear not being able to provide your family with daily life necessities?	<input type="checkbox"/>	
GA27	To what extent do you feel worry/ fear of losing your source of income or your family's source of income?	<input type="checkbox"/>	
GA28	To what extent do you feel worry/ fear losing your home?	<input type="checkbox"/>	
GA29	To what extent do you feel worry/ fear losing your land?	<input type="checkbox"/>	
GA30	To what extent do you feel worry/ fear about displacement and migration?	<input type="checkbox"/>	
GA31	To what extent do you feel worry/ fear about the chaos in the Palestinian society?	<input type="checkbox"/>	
GA32	To what extent do you feel worry/ fear about your future and the future of your family?	<input type="checkbox"/>	
GA33	<p>put the code of the answer you feel closest to what you feel in general/ now</p> <p>1. Never 2. Sometimes 3. Often 4. Always 9.I don't know</p>	A. To what extent do you feel anxious?	<input type="checkbox"/>
		B. How frustrated/ down did you feel?	<input type="checkbox"/>
		C. To what extent did you feel unable	<input type="checkbox"/>
		D. To what extent did you feel humiliated?	<input type="checkbox"/>
		E. To what extent did you feel lonely?	<input type="checkbox"/>
		F. To what extent did you feel worried?	<input type="checkbox"/>
		G. To what extent did you feel grief?	<input type="checkbox"/>
		H. To what extent did you feel angry?	<input type="checkbox"/>
		I. To what extend did you feel board and fed up of life?	<input type="checkbox"/>
		J. To what extent did you feel unable to control important things in your life?	<input type="checkbox"/>
		K. To what extent did you feel unable to cope with the things that you had to do?	<input type="checkbox"/>
		L. To what extent did you feel unable to perform your daily activities?	<input type="checkbox"/>
(answer these questions will be during the past two weeks)			
1.Never 2. A little 3. Moderately 4. Very much 5. An extreme amount			
GA35	Do you feel deprived? (if answer is 1, move to GA 45)	<input type="checkbox"/>	
GA36	To what extent do you feel material deprivation (money, food, house)?	<input type="checkbox"/>	

GA37	To what extent do you feel deprived because there is no work for you?		<input type="checkbox"/>
GA38	To what extent do you feel deprived because of your inability to enroll in university education?		<input type="checkbox"/>
GA39	To what extent do you feel deprived because of your inability to move from one place to another from the Gaza Strip to the West Bank and contrary?		<input type="checkbox"/>
GA40	To what extent do you feel deprived because of your inability to travel outside Palestine?		<input type="checkbox"/>
GA41	To what extent do you feel deprived because of your inability to move inside the Gaza Strip/ West Bank?		<input type="checkbox"/>
GA42	To what extent do you feel deprived because of the Palestinian split?		<input type="checkbox"/>
GA43	To what extent do you feel deprived because of the occupation?		<input type="checkbox"/>
GA44	To what extent do you feel deprived because of the conservative nature of the society and constraints on personal freedom?		<input type="checkbox"/>
GA45	Is suffering part of your life?	1. Never 2. Yes a little 3. Yes moderately 4. Yes pretty much If answer is 1, move to GA 47)	<input type="checkbox"/>
GA46	To what extent do the current circumstances constitute a reason of suffering and part of your life? Answer must be on a scale from 0-10 Where (0) means no suffering and (10) means extreme suffering	1. Results of 2014 aggression 2. Occupation in general 3. Siege 4. Palestinian split 5. Nepotism/ favoritism 6. Palestinian social restrictions 7. Global policies toward Palestine 8. Others/ specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
GA47	When you face a problem, who do you ask for help or solution to the problem?	1. I solve it on my own and do not ask for anybody's help 2. Family member 3. Friend 4. Relatives 5. Party comrades 6. Talk to a specialist (doctor, nurse, counsel, etc) 7. Ignore the problem and don't do anything 8. I cannot handle the problem because I am frustrated 9. Other/ specify.....	<input type="checkbox"/>

GA49	Have you ever thought of immigrating outside the Gaza Strip/ West Bank during this period? 1. Yes 2. No If answer to all paragraphs is (No) move to GA51	<input type="checkbox"/>
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GA51	Which of the following reasons pushed you to consider immigrating? 1. Yes 2. No	1. The siege 2. Palestinian split	<input type="checkbox"/> <input type="checkbox"/>
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		3. Bad economic condition (in general)	<input type="checkbox"/>
		4. To improve the economic situation	<input type="checkbox"/>
		5. 2014 aggression	<input type="checkbox"/>
		6. Political situation in general	<input type="checkbox"/>
		7. Lack of feeling of security	<input type="checkbox"/>
		8. Dissatisfaction with the quality of life in Gaza/West Bank	<input type="checkbox"/>
		9. Fear for the family	<input type="checkbox"/>
		10. Lack of good education opportunities	<input type="checkbox"/>
		11. Other/ specify.....	<input type="checkbox"/>

GA50	If you have considered immigrating outside the Gaza Strip/West Bank, have you started serious immigration procedures (submission of visa application, contacting embassy, communicating with relatives or friends abroad?) 1.Yes 2.No	<input type="checkbox"/>
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GA51_1	During the past 12 months, Do you have a feeling / or felt:	Answer 1.Yes 2.No
1	Feeling worried about the lack of enough food to eat because of lack of money or provide other sources	<input type="checkbox"/>
2	The inability to eat healthy and nutritious food because of lack of money or other sources	<input type="checkbox"/>
3	Eat a few kinds foods because of lack of money or other sources	<input type="checkbox"/>
4	Give up a meal because there was not enough money or other resources to get food?	<input type="checkbox"/>
5	Eating less than you thought you should because of a lack of money or other resources	<input type="checkbox"/>
6	The food ran out on household because of a lack of money or other resources	<input type="checkbox"/>
7	Hunger with no eating because there was not enough money or other resources for food	<input type="checkbox"/>
8	Do not eat for a whole day because of a lack of money or other sources	<input type="checkbox"/>

No	In the past two weeks	0. Absolutely 1. A little of time (rarely) 2. Slightly less than half the time 3. More than half of the time 4. More often 5. Always
GA52	You was happy with a good mood	<input type="checkbox"/>
GA53	You was feeling calm and relaxed	<input type="checkbox"/>
GA54	You was feeling energetic	<input type="checkbox"/>
GA55	You woke up active and relaxed	<input type="checkbox"/>
GA56	Your days were full of things you	<input type="checkbox"/>

	liked	
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Evaluation of health service			
GA 57	During the past 12 months, was there a need for healthy treatment for any household members?	1. Yes 2. No go to GA 64 (Evaluation of Educational service)	<input type="checkbox"/>
GA 58	Has the needed treatment been received?	1. Yes 2. No go to GA 63	<input type="checkbox"/>
GA 59	What is the main provider of these services?	1. PNA institutions 2. Political parties/ factions 3. International/ development agency 4. UNRWA 5. Arab or foreign states 6. Religious associations 7. Civil society organizations 8. Private sector 9. Israel 10. Other/ specify.....	<input type="checkbox"/>
GA 60	What is the Level of satisfaction with services?	1. very satisfied go to GA 62 2. Satisfied go to GA 62 3. dissatisfied 4. very dissatisfied 9. I don't know go to GA 62	<input type="checkbox"/>
GA 61	What is the Main reason behind dissatisfaction with services?	1. quantity of service 2. quality of service 3. quantity and quality 4. other/ specify 9. I don't know	<input type="checkbox"/>
GA 62	In the past 12 months, regarding the latest health service how do you evaluate it? (1. Yes 2. No 9. I don't know)		
A	There was difficulty in accessing service		<input type="checkbox"/>
B	Expenses for healthcare/ treatment services were affordable to household		<input type="checkbox"/>
C	The healthcare facilities were clean and in good condition		<input type="checkbox"/>
D	Treatment recipients were treated with respect		<input type="checkbox"/>
E	The doctor/nurse spent enough time with Treatment recipients during the consultation		<input type="checkbox"/>
GA 63	What was the main reason for not having the needed treatment?	1. Could not afford to (too expensive) 2. Long waiting list 3. Could not take time because of work, care for children or for other reasons 4. Too far to travel or no means of transportation to get there 5. Don't trust medical doctors and healthcare personnel 6. Wanted to wait and see if problem got better on its own 7. Didn't know any good medical doctor 8. Healthcare facilities are not clean 9. Healthcare facilities are not adequately equipped or lack medicine 10. Other reasons / specify.....	<input type="checkbox"/>

Evaluation of Educational Service		This section is for households with children aged between 5-17 years	Primary education	Secondary education
GA 64	Do all of these children attend to school? 1. Yes 2. No go to (GA 69)		<input type="checkbox"/>	<input type="checkbox"/>
GA 65	What is the supervisory authority of the school?	1. the government 2. UNRWA 3. Private sector 4. Israel 5. Other/ specify.....	<input type="checkbox"/>	<input type="checkbox"/>
GA 66	What is the level of satisfaction with the educational services provided by the school?	1. very satisfied go to GA 68 2. Satisfied go to GA 68 3. dissatisfied 4. very dissatisfied 9. I don't know go to GA 68	<input type="checkbox"/>	<input type="checkbox"/>
GA 67	What is the main reason for behind dissatisfaction with the provision of educational services?	1. quantity of service 2. quality of service 3. quantity and quality 4. other/ specify 9. I don't know	<input type="checkbox"/>	<input type="checkbox"/>
GA 68	In the past 12 months, regarding the latest educational service how do you evaluate it? (1. Yes 2. No 9. I don't know)			
A	The school can be reached from home without difficulties.		<input type="checkbox"/>	<input type="checkbox"/>
B	School-related expenses are affordable.		<input type="checkbox"/>	<input type="checkbox"/>
C	The school provides a safe learning environment.		<input type="checkbox"/>	<input type="checkbox"/>
D	Children are treated with respect by teachers and other school staff.		<input type="checkbox"/>	<input type="checkbox"/>
E	Children are acquiring knowledge and skills.		<input type="checkbox"/>	<input type="checkbox"/>
GA 69	What is the main reason for household children not attend to school?	1. High cost (books, clothing, transportation,) 2. The school is far away or there is no transportation.. 3. School facilities are in poor condition 4. School facilities are not safe 5. Teachers and other school staff do not treat children with respect 6. Children do not learn much. 7. children need to stay home to help with housework/farm work 8. Teachers are often absent 9. Children do not like the school. 10. Children were intimidated / terrorized / harassed 11. Other reasons / specify.....	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation of Administrative services (Interior)			
GA 70	During the past 12 months, Was there for any household members need to issue an (identity card, a passport, certificate of birth, death certificate (God forbid), marriage or divorce.....?	1. Yes 2. No go to ICT1 (Information Technology)	<input type="checkbox"/>
GA 71	Have you been asked to get the documents you need?	1. Yes, Manual 2. Yes, Electronic 3. No go to GA 75	<input type="checkbox"/>
GA 72	What is the Level of satisfaction with services?	1. very satisfied go to GA 74 2. Satisfied go to GA 74 3. dissatisfied 4. very dissatisfied 9. I don't know go to GA 74	<input type="checkbox"/>
GA 73	What is the Main reason behind dissatisfaction with services?	1. quantity of service 2. quality of service 3. quantity and quality 4. other/ specify..... 9. I don't know	<input type="checkbox"/>
GA 74	In the past 12 months, regarding the latest Administrative service how do you evaluate it? (1. Yes 2. No 9. I don't know)		
A	The office service was easily accessible.		<input type="checkbox"/>
B	Reasonableness of costs of obtaining such documents		<input type="checkbox"/>
C	Treatment recipients were treated with respect		<input type="checkbox"/>
D	The complexity of the process of applying for such documents		<input type="checkbox"/>
E	The reasonableness of the time required to obtain such documents		<input type="checkbox"/>
GA 75	What is the main reason you did not try to obtain such documents	1. Cannot afford to (administrative fees are too expensive) 2. Too difficult to access the place of service 3. The staff doesn't treat people with respect 4. The process for applying and obtaining such documents is too complicated 5. It takes too long to get what you need 6. Other reasons/ specify.....	<input type="checkbox"/>

Information Technology			
ICT1	Have you used a mobile cellular telephone in the last three months?	1. Yes 2. No	<input type="checkbox"/>
ICT2	Have you used a smart phone in the last three months?	1. Yes 2.No	<input type="checkbox"/>
ICT3	Have you owned a mobile cellular telephone?	1. Yes 2.No	<input type="checkbox"/>
ICT4	Have you owned a smart phone?	1. Yes 2.No	<input type="checkbox"/>
ICT5	Have you used a computer (desktop, laptop, tablet or similar) from any location in the last three months?	1. Yes 2.No→ (skip to ICT7)	<input type="checkbox"/>
ICT6	Which of the following computer-related activities have you carried out in the last three months? Instructions for the researcher: Please answer each item of the question 1. Yes 2. No	Copying or moving a file or folder	<input type="checkbox"/>
		Using copy and paste tools to duplicate or move information within a document	<input type="checkbox"/>
		Sending e-mails with attached files (e.g. document, picture, video)	<input type="checkbox"/>
		Using basic arithmetic formulas in a spreadsheet	<input type="checkbox"/>
		Connecting and installing new devices (e.g. a modem, camera, printer)	<input type="checkbox"/>
		Finding, downloading, installing and configuring software	<input type="checkbox"/>
		Creating electronic presentations with presentation software (including images, sound, video or charts)	<input type="checkbox"/>
		Transferring files between a computer and other devices	<input type="checkbox"/>
		Writing a computer program using a specialized programming language	<input type="checkbox"/>
ICT7	Have you used the Internet from any location in the last three months	1. Yes 2.No	<input type="checkbox"/>